

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023663

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

71 3012 77

FILED JUN 28 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		c. CITY OR TOWN Mt Auburn	
Length of stay in 1b 2 Weeks		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mc Cleary Hospital		d. STREET ADDRESS (If outside, give location) —	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) George Robert Ridgeway		4. DATE OF DEATH Month May Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1907
10a. USUAL OCCUPATION (Give kind of work done during last part of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto	9. AGE (last birthday) 55
11a. BIRTHPLACE (City and state or country) Mechanicsburg, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Norman Ridgeway		13b. MOTHER'S MAIDEN NAME Alice Dillon	
14. NAME OF HUSBAND OR WIFE Catherine Kleiber		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No)	
16. SOCIAL SECURITY NO. —		17. INFORMANT Mrs Catherine Ridgeway, Mt Auburn, ILL	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) general Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Colon DUE TO (c) —		INTERVAL BETWEEN ONSET AND DEATH 48 hrs 1 1/2 - 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — Month — Day — Year — a.m. — p.m. —	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION —
21. I attended the deceased from May 16, 1963 to May 28, 1963 and last saw him alive on May 28, 1963 Death occurred at 3:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) William M. Mc	
22b. ADDRESS 400 St. Louis		22c. DATE SIGNED May 29, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/29/1963	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) Mt Auburn, Illinois
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc.	25. DATE RECD. BY LOCAL REG. 5-28-63	26. REGISTRAR'S SIGNATURE Caroline Hultings	

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Van Landingham

Licensed Embalmer No. 4009
P.O. Address Chelino Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Removal permit issued 5/29/63 G.H.